A call to action...

Healthcare for lesbian, gay, bisexual and transgender people

The South African Constitution guarantees access to healthcare for every citizen (Section 27). It also stipulates that no one may be discriminated against on the basis of their sexual orientation (Section 9). Sadly, these citizenship rights are all too often violated for people who identify as lesbian, gay, bisexual, transgender (LGBT) or queer.

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This article reviews the state of healthcare for lesbian, gay, bisexual, and transgender people in South Africa and examines relevant health policies. It highlights health issues, faced by lesbian, gay, bisexual, and transgender people, and argues for the inclusion of lesbian, gay, bisexual, and transgender health into health activists' demands.

Queer is an umbrella term and refers to people who are outside the mainstream, outside the norm as dictated by society. Being queer is only one of numerous identities that a person inhabits. It is often a powerful identity, because queer people are marginalised and oppressed. But peoples' racial and gender identities, bodily abledness etc. are just as important in determining how a person is perceived in society, and which privileges they can access. It is thus important to look at how these identities intersect and play out in their totality.

In this article, I will focus on queer identity – sexual orientation and gender identity – in the understanding that these identities are shaped by all other identities as described.

HEALTHCARE NEEDS

Lesbian, gay, bisexual, and transgender people have specific health and healthcare needs in various fields from chronic disease risk, adult and adolescent mental health, unhealthy relationships (for example intimate partner violence), to sexually transmitted infections and

Definitions and terminology

HETEROSEXISM *is the assumption or belief that everyone is and should be heterosexual and that other sexual orientations are unhealthy, unnatural and a threat.*

HOMOPHOBIA *is the irrational fear of, hatred against, or disgust towards homosexuals or homosexuality.*

SEX *is commonly understood as the classification of a person as male or female at birth, based on bodily characteristics such as chromosomes, hormones, internal reproductive organs, and genitalia.*

GENDER *is a socially constructed system of classification that ascribes qualities of masculinity and femininity to people. Gender characteristics can change over time and differ between cultures.*

SEXUAL ORIENTATION *describes whom you are intimately attracted to. People are attracted to members of the same sex, of the opposite sex, or both. Western society tends to think of sexual orientation as expressing itself in three forms: homosexual (gay or lesbian), heterosexual (sometimes referred to as* 'straight'*) or bisexual (having both homosexual and heterosexual feelings). People also identify as queer (refusing to fit into any category) and asexual (not being sexually attracted to people).*

HETEROSEXUAL PEOPLE *are emotionally, physically and sexually attracted to people of the opposite sex.*

HOMOSEXUAL PEOPLE *are emotionally, physically and sexually attracted to people of the same sex.*

LESBIAN *women are emotionally, physically and sexually attracted to women.*

GAY *men are emotionally, physically and sexually attracted to men.*

BISEXUAL PEOPLE *are emotionally, physically and sexually attracted to people of both sexes.*

GENDER IDENTITY *is one's basic sense of being male or female or another gender. It usually, but not always, matches the sex based on the external genitalia present at birth.*

TRANSGENDER *describes a person whose gender identity is different from the sex assigned at birth. A transgender person may choose to adhere to the gender role with which that person identifies. A person who does not adhere to gender roles is called gender non-conforming. It is important to recognise that the gender binary (the view that they are either male or female) does not describe the identity of many people.*

QUEER *is an umbrella term to refer to all LGBT people, also a political statement, as well as a sexual orientation, which advocates breaking binary thinking and seeing both sexual orientation and gender identity as potentially fluid. In the past often used as a derogatory term for non-heterosexual people.*

MEN WHO HAVE SEX WITH MEN (MSM) *describes a sexual practice. MSM can identify as gay, bisexual, or straight.*

WOMEN WHO HAVE SEX WITH WOMEN (WSW) *describes a sexual practice. WSW can identify as lesbian, bisexual, or straight.*

[Taken from: 'Understanding the Challenges facing Gay and Lesbian South Africans', *available from OUT LGBT Pretoria, and* 'Guidelines for primary care workers providing care for transgender patients', *available from Gender Dynamix, Cape Town]*

HIV infection[1]. HIV, which originated in the early 1980s as so-called GRIDS – gay-related immune deficiency syndrome – often shows higher infection rates in gay men and transgender people. The focus of the HIV epidemic in African countries, including South Africa, is usually on women and children. This neglects the fact that lesbian, gay, bisexual, and transgender people are equally, if not more, at risk of contracting HIV. Various studies from South Africa provide evidence that HIV prevalence among men who have sex with men is higher than in the general population.[2]

However, our current HIV education does not acknowledge this at all. HIV counsellors assume that clients are straight, practice heterosexual sexual practices, and have partners of the opposite sex. Not only is this incorrect – between five to ten percent of all people identify as queer, and even more engage in same-sex activities – but it creates dangerous norms in HIV counselling and testing. It is a lost opportunity to provide adequate information about HIV prevention, and places an already marginalised group of people even more at risk.

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Equally wrong and dangerous is the perception that lesbian women, and other women who have sex with women (WSW), are not at risk of contracting HIV. A recent study of women who have sex with women in South Africa, Namibia, Zimbabwe and Botswana found that HIV prevalence among women who have sex with women, as self-reported by study participants, was 9.6%[3]. HIV can be transmitted between two women who have sex through vaginal fluid or menstrual blood. Furthermore, many women who have sex with women also have sex with men: almost half of lesbian women reported to have had consensual heterosexual sex. Furthermore, lesbian women are at higher risk of experiencing sexual violence[4], and this further increases their risk of contracting HIV[5].

However, lesbian, gay, bisexual, and transgender people not only have special health needs when it comes to infectious diseases such as HIV. Research shows that lesbian, gay, bisexual, and transgender people experience higher rates of depression and suicide attempts than heterosexual

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people[6]. This is not because their sexual orientation or gender identity predisposes them to mental health issues, but because they disproportionately experience discrimination, stigma, and violence, because of their queer identity.

HEALTHCARE ACCESS

Compared with heterosexual and non-transgender socio-economically matched peers, lesbian, gay, bisexual, and transgender individuals are more likely to face barriers accessing appropriate healthcare[7]. In our context of heteronormativity and patriarchy, women and sexual minorities are particularly vulnerable to ill-health. Many patients who belong to sexual minorities experience healthcare as an unsafe space, mostly because of the attitudes of healthcare workers, including doctors. Recent reports from various South African contexts highlight that gay men, lesbian women and transgender people are discriminated against, insulted, and sometimes even refused healthcare, when accessing HIV services. Gay men can recount numerous experiences of healthcare workers telling them that being infected with HIV is God's punishment for them, and that they deserve getting a sexually transmitted disease, because they sleep around[8]. The experiences of stigma, discrimination and moral judgements, recollected by transgender people in a recent report of Gender Dynamix are typical of the barriers that lesbian, gay, bisexual, and transgender people face when accessing healthcare:

> *They* [health care workers] *look at me like I am an alien and call me istabane* [Zulu derogatory term for gay] *and want to know why I am like this.*[9]

> *I tested* [for HIV] *and was not of the best as the person who pricked me urged me to change my life as being like I am is immoral she said.*[10]

…health needs and risks of lesbian, gay, bisexual, transgender people do not find entry into the content of the existing teaching schedules…

As a result of these experiences, and because they fear further discrimination, many lesbian, gay, bisexual, and transgender people do not disclose their sexual orientation to their healthcare provider. There are a number of instances where this is detrimental to the healthcare that they can receive – counselling about the risks of contracting HIV, as highlighted earlier, is one example.

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HEALTHCARE PROVISION

The 2012-2016 National Strategic Plan on HIV, TB and STIs recognises that transgender people and men who have sex with men are key populations for efforts of preventing and treating HIV. However, it does little to address the challenge of continuous heteronormativity and homophobia in the health system in general, and in HIV services in particular. The new draft policy on sexual and reproductive health, under review by the Department of Health since May 2011, also recognises the existence and health needs of lesbian, gay, bisexual, and transgender people[11]. These initiatives have to be applauded. However, they will have little impact on the health of lesbian, gay, bisexual, and transgender people if not followed by adequate implementation. Healthcare workers, who are the gatekeepers to accessing the healthcare system, need to be willing and equipped to provide adequate, non-judgmental healthcare to people who identify as lesbian, gay, bisexual, transgender or queer.

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Now more than ever

Human rights should be at the centre of the response to HIV and AIDS

Because…
Universal access will never be achieved without human rights

Currently, healthcare workers – nurses, doctors, counsellors and community health workers – do not receive training on sexuality, sexual orientation, or lesbian, gay, bisexual, and transgender health. The curricula of our medical schools and nursing colleges do not address the moral attitudes of our future healthcare providers. Nor do they teach them how to provide HIV counselling to people who have sex with partners of the same sex, or transgender people. The health needs and risks of lesbian, gay, bisexual, and transgender people do not find entry into the content of the existing teaching schedules. It is thus understandable that healthcare workers are ill-equipped to deal with lesbian, gay, bisexual, and transgender patients. It is, however, not understandable that healthcare workers allow their personal prejudices to define the treatment that they give a patient who does not identify accordingly to their own value system.

There are a few non-governmental organisations that provide non-judgmental, queer-affirming healthcare to lesbian, gay, bisexual, and transgender people[12]. Some of these organisations also provide critically important sensitisation training to healthcare workers. Their work provides a rare safe space for lesbian, gay, bisexual, and transgender people who, for the most part, have had horrible experiences in the public health sector.

CALL TO ACTION…

It is unacceptable that the burden for providing healthcare to one of the most vulnerable groups is placed on civil

society organisations. Training on lesbian, gay, bisexual, and transgender health, including sensitisation training, needs to be mandatory for all current and future healthcare workers. The Department of Health needs to commit to the declarations made in the NSP, and provide this training to all its employees (nurses, doctors, counsellors and community health workers). Medical schools and nursing colleges need to include lesbian, gay, bisexual, and transgender health into their curricula, and ensure that all graduates are skilled and willing to provide healthcare to lesbian, gay, bisexual, and transgender people.

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Health activists in civil society need to include queer health issues in their agendas. We cannot leave it up to queer organisations to address the discrimination of lesbian, gay, bisexual, and transgender people. When reviewing and evaluating health policies and their implementation, we must analyse their impact on, and their provision for the health needs of lesbian, gay, bisexual, and transgender people. But we must also address discrimination within our own organisations, and challenge our own prejudices and those of our colleagues. Only then are we working towards living in a society in which the constitutional equality framework also expands to lesbian, gay, bisexual and transgender people.

FOOTNOTES:

1. See Harcourt, J. 2006. 'Current issues in lesbian, gay, bisexual and transgender health'. In: *Journal of Homosexuality*, 51(1), DOI: 10.1300/J082v51n01_01.
2. Lane, T. et al. 2011. 'High HIV prevalence among men who have sex with men in Soweto, South Africa: Results from the Soweto Men's Study'. In: *AIDS Behavior*, 15, pp626-634.
3. See Sandfort TGM et al. 2013. 'Forced Sexual Experiences as Risk Factor for Self-Reported HIV Infection among Southern African Lesbian and Bisexual Women'. In: *PLoS ONE*, 8(1): e53552. doi:10.1371/journal.pone.0053552.
4. Often reported as so-called 'corrective rape' in the media, sexual violence particularly against black lesbian women has a high prevalence in South Africa.
5. See Sandfort TGM et al. 2013. 'Forced Sexual Experiences as Risk Factor for Self-Reported HIV Infection among Southern African Lesbian and Bisexual Women'. In: *PLoS ONE*, 8(1): e53552. doi:10.1371/journal.pone.0053552.
6. See King, M. et al. 2008. 'A systemic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people'. In: *BMC Psychiatry*, 2008, 8(70), doi:10.1186/1471-244X-8-70.
7. Gay and Lesbian Medical Association 2001.
8. Lane, T. et al. 2011. 'High HIV prevalence among men who have sex with men in Soweto, South Africa: Results from the Soweto Men's Study'. In: *AIDS Behavior*, 15, pp626-634.
9. Stevens, M. 2012. Transgender access to sexual health services in South Africa: A key informant report. Cape Town: Gender Dynamix.
10. *Ibid*.
11. SRHR: Fulfilling our commitments, Department of Health [www.agenda.org.za/wp-content/uploads/2012/09/SRHR-Fulfilling-our-Commitments.pdf].
12. Triangle Project in Cape Town, OUT in Pretoria, the Durban Lesbian and Gay Community & Health Centre, and a few ANOVA/Health 4 Men clinics.

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